

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED

FEB 18 2010

CISD
CENTRAL OFFICE

HD / PM

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER: (Ethics Commission Filers)</p>	<p>2 TYPE OF FILER:</p> <p><input checked="" type="checkbox"/> CANDIDATE <i>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</i></p> <p><input type="checkbox"/> POLITICAL COMMITTEE <i>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</i></p>		
<p>3 NAME OF CANDIDATE (Please type or print)</p> <p>MJ (MARIJANE) LARRISON</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>NICKNAME</p> <p>(MJ)</p>	<p>FIRST</p> <p>MARIJANE</p> <p>LAST</p> <p>LARRISON</p>	<p>MI</p> <p>SUFFIX (Sr., Jr., III, etc.)</p>
<p>4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)</p> <p>817-641-0277</p>	<p>AREA CODE</p> <p>(817)</p>	<p>PHONE NUMBER</p> <p>641-0277</p>	<p>EXTENSION</p>
<p>5 ADDRESS OF CANDIDATE (Please type or print)</p> <p>1001 C.R. 314 CLEBURNE TX 76033</p>	<p>ADDRESS / PO BOX:</p> <p>1001 COUNTY RD 314</p>	<p>APT / SUITE #:</p>	<p>CITY: CLEBURNE TX STATE: TX ZIP CODE: 76031</p>
<p>6 OFFICE SOUGHT BY CANDIDATE (Please type or print)</p> <p>PLACE 6</p>			
<p>7 NAME OF COMMITTEE (Please type or print)</p>			
<p>8 NAME OF CAMPAIGN TREASURER (Please type or print)</p> <p>REBECCA A. SNIDER</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>NICKNAME</p> <p>(BECKY)</p>	<p>FIRST</p> <p>REBECCA</p> <p>LAST</p> <p>SNIDER</p>	<p>MI</p> <p>A.</p> <p>SUFFIX (Sr., Jr., III, etc.)</p>

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

2-18-10

Date

M. J. Lannon
Signature


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CENTRAL OFFICE

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

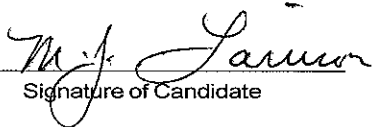
See CTA Instruction Guide for detailed instructions.						1	Total pages filed:	
2	CANDIDATE NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
		MARIJANE LARRISON			RECEIVED FEB 18 2010 CISD CENTRAL OFFICE			
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				STATE;
		1001 COUNTY RD. 314 CLEBURNE TX 76031						
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		HD/PM		
		(817) 641-0277				Date Processed		
5	OFFICE HELD (if any)	PLACE 6 BOARD MEMBER - CISD					Date Imaged	
6	OFFICE SOUGHT (if known)	PLACE 6 - CISD BOARD						
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		REBECCA A. (BECKY) SNIDER						
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		1000 CANYON COURT, CLEBURNE, TX. 76033						
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(817) 645-4133						
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
		 Signature of Candidate			2-18-10 Date Signed			

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p align="center">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p align="center">•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••</p> <p align="center">•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p align="center">•• Candidates for the office of state chair of a political party and candidates for county chair of a political party may <u>NOT</u> choose modified reporting. ••</p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p align="center"> <u>2010</u> Year of election(s) or election cycle to which declaration applies </p> <p align="center">  Signature of Candidate </p>

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CENTRAL OFFICE

This appointment is effective on the date it is filed with the appropriate filing authority.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**
2

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
MARIJANE
NICKNAME LAST SUFFIX
(MJ) LARRISON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1001 CTY RD 314 CLEBURNE, TEXAS 76031
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 641-0277

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
BECKY
NICKNAME LAST SUFFIX
SNIDER

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1000 CANYON CT CLEBURNE, TEXAS 76033

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 645-4144

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
2 / 18 / 10 THROUGH 04 / 05 / 2010

11 ELECTION
ELECTION DATE: Month Day Year **05 / 08 / 2010**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **CISD SCHOOL BOARD PLACE #6**
13 OFFICE SOUGHT (if known) **CISD SCHOOL BOARD PLACE #6**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
 additional pages

OFFICE USE ONLY
Date Received **RECEIVED**
APR 06 2010
CISD
Date Hand-delivered Date Returned
CENTRAL OFFICE
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**


**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	-0-
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	-0-
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	-0+
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	-0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Marijane (MT) Larnison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marijane (MT) Larnison this the 6th day of April, 20 10, to certify which, witness my hand and seal of office.

Laura Diduch
Signature of officer administering oath

Laura Diduch
Printed name of officer administering oath

HR Secretary
Title of officer administering oath

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APR 06 2010

CISD
CENTRAL OFFICE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**
4

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
MARIJANE
NICKNAME LAST SUFFIX
MJ LARRISON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1001 CTY RD 314 CLEBURNE, TEXAS 76031
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 641-0277

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
BECKY
NICKNAME LAST SUFFIX
SNIDER

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1000 CANYON CT CLEBURNE, TEXAS 76033

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 645-4133

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
04 / 06 / 2010 THROUGH 04 / 27 / 2010

11 ELECTION
ELECTION DATE: Month Day Year **05 / 08 / 2010**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **CISD SCHOOL BOARD PLACE #6**
13 OFFICE SOUGHT (if known) **CISD SCHOOL BOARD PLACE #6**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
 additional pages

OFFICE USE ONLY
RECEIVED
Date Received: **APR 27 2010**
CISD
CENTRAL OFFICE
Date Hand-Delivered by: _____ Date Postmarked: _____
Receipt # _____ Amount _____
Date Processed _____
Date Imaged _____

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME **MARTIJANE LARRISON** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

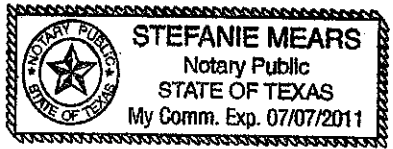
→ This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	RECEIVED APR 27 2010 CISD CENTRAL OFFICE
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 617.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 382.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



STEFANIE MEARS
Notary Public
STATE OF TEXAS
My Comm. Exp. 07/07/2011

M.J. Larrison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M.J. Larrison, this the 27 day of April, 20 10, to certify which, witness my hand and seal of office.

Stefanie Mears Stefanie Mears HR
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

MARIJANE LARRISON

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/13/10

5 Full name of contributor out-of-state PAC (ID#: _____)

LARRY LARRISON

6 Contributor address; City; State; Zip Code

1001 CTY RD 314 CLEBURNE, TEXAS 76031

7 Amount of contribution (\$)

400.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/15/10

Full name of contributor out-of-state PAC (ID#: _____)

KATHERINE RAINES

Contributor address; City; State; Zip Code

P.O. BOX 34 CLEBURNE, TEXAS 76033

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/10

Full name of contributor out-of-state PAC (ID#: _____)

KAY WALLS

Contributor address; City; State; Zip Code

701 HYDE PARK BLVD CLEBURNE, TEXAS 76033

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/10

Full name of contributor out-of-state PAC (ID#: _____)

DONNA BOLES

Contributor address; City; State; Zip Code

1021 JANEHAVEN LAKES CLEBURNE, TEXAS 76033

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**CISD
CENTRAL OFFICE**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME MARIJANE LARRISON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE YEARY	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 907 HEMPHILL CLEBURNE, TEXAS 76033		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date 04/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAY JOHNSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14 HILL TERRACE CLEBURNE, TEXAS 76033		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN ED KING	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1212 WESTHILL DR CLEBURNE, TEXAS 76033		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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APR 27 2010
CISD
CENTRAL OFFICE

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1

2 FILER NAME
MARLJANE LARRISON

3 ACCOUNT # (Ethics Commission filers)

4 Date
04/16/10

5 Payee name
RUGELEY BUSINESS FORMS

7 Amount (\$)

6 Payee address; City; State; Zip Code
1105 COTTONWOOD CT CLEBURNE, TEXAS 76033

417.22

8 Purpose of payment (See instructions regarding type of information required.)

PURCHASE CAMPAIGN SIGNS
(If travel outside of Texas, complete Schedule T)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

MARLJANE LARRISON CISD SCH.BD. PL6 SAME

Date
04/26/10

Payee name
PALADIN SIGNS
Payee address; City; State; Zip Code

Amount (\$)

3013 JOYCE DR FORT WORTH, TEXAS 76116

200.00

Purpose of payment (See instructions regarding type of information required.)

PURCHASE RE-ELECT SIGN
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

MARLJANE LARRISON CISD SCH BD PL6 SAME

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

RECEIVED

APR 27 2010

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

**CISD
CENTRAL OFFICE**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**
4

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
MARIJANE
NICKNAME LAST SUFFIX
MJ LARRISON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1001 CTY RD 314 CLEBURNE, TEXAS 76031
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 641-0277

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
BECKY
NICKNAME LAST SUFFIX
SNIDER

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1000 CANYON CT CLEBURNE, TEXAS 76033

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
04 / 28 / 2010 THROUGH 05 / 24 / 2010

11 ELECTION
ELECTION DATE: Month Day Year **05 / 08 / 2010**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **CISD SCHOOL BOARD PLACE #6**
13 OFFICE SOUGHT (if known) **CISD SCHOOL BOARD PLACE #6**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
 additional pages

OFFICE USE ONLY
Date Received **RECEIVED**
MAY 27 2010
CISD
CENTRAL OFFICE
Date Handled
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

MARIJANE (MJ) LARRISON

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

RECEIVED

MAY 27 2010

**CISD
CENTRAL OFFICE**

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ **382.78**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

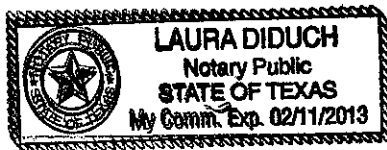
\$ -0-

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Marijane Larrison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marijane Larrison, this the 27th day of May, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1

2 FILER NAME

MARLJANE (MJ) LARRISON

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

05/03/2010

CLEBURNE TIMES REVIEW

6 Payee address; City; State; Zip Code

108 S. ANGLIN CLEBURNE, TEXAS 76031

\$315.00

8 Purpose of payment (See instructions regarding type of information required.)

3 ELECTION ADS PRIOR TO ELECTION DAY
(If travel outside of Texas, complete Schedule T)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/10/2010

CLEBURNE TIMES REVIEW

Payee address; City; State; Zip Code

108 S. ANGLIN CLEBURNE, TEXAS 76031

\$ 63.00

Purpose of payment (See instructions regarding type of information required.)

FINAL AD IN PAPER
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/23/2010

KAY JOHNSON

Payee address; City; State; Zip Code

14 Hill Terrace Cleburne, TX

\$ 4.78

Purpose of payment (See instructions regarding type of information required.)

REFUND PARTIAL CONTRIBUTION
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

RECEIVED

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

MAY 27 2010
CISD
CENTRAL OFFICE

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

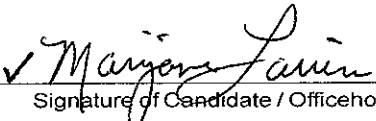
1 C/OH NAME

MARIJANE LARRISON

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

RECEIVED

MAY 27 2010

CISD
CENTRAL OFFICE

B. ASSETS

Check only one:

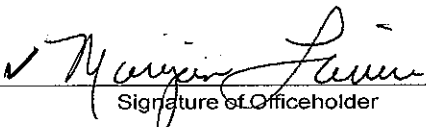
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder